

**UTILITY PATENT APPLICATION
TRANSMITTAL UNDER 37 CFR 1.53(b)**

**ATTORNEY DOCKET 86558SHS
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To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA. 22313-1450

Express Mail Label No.

EV293537792US

Date: October 6, 2003

22278 U.S. PTO
10/679711



**METHOD AND SYSTEM FOR REAL-TIME
AUTOMATIC ABNORMALITY DETECTION
FOR IN VIVO IMAGES**

First Named Inventor (or Application Identifier):

Shoupu Chen, et al

Enclosed are:

1. ☒ Specification
2. ☐ 10 Sheet(s) of drawing(s)
3. ☒ Information Disclosure Statement Under 37 CFR 1.97.
4. Combined Declaration for Patent Application and Power of Attorney:
 - 4a. ☒ New
 - 4b. ☐ Copy from a prior application (37 CFR 1.63(d) (for continuation/divisional with Box 11 completed)
5. ☐ Assignment of the invention to Eastman Kodak Company
6. ☐ Certified copy of a priority
7. ☐ Associate Power of Attorney
8. ☐ Deletion of Inventor(s).

☐ Incorporation by Reference (useable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.

☐ Deletion of Inventor(s).
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).

10. ☐ If a 111A application prior to examination of the above-identified application, amend the specification at Page 1, after the title, by inserting the following:
--CROSS REFERENCE TO RELATED APPLICATION
Reference is made to and priority claimed from U.S. Provisional Application Serial No. , filed , entitled .

If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:

11. ☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No. :
12. ☒ Please address all written communications to Thomas H. Close, Patent Legal Staff, Eastman Kodak Company, 343 State Street, Rochester, NY 14650-2201.
Please Direct all telephone calls to Stephen H. Shaw at 585-477-7419.

The filing fee has been calculated as shown below:

FOR:	NO. FILED	NO. EXTRA	RATE	FEE
BASIC FEE				\$ 770
TOTAL CLAIMS	23	- 20 =	3	x 18 = \$ 54
INDEPENDENT CLAIMS	3	- 3 =	0	x 86 = \$ 0
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENTED			+ 290	\$ 0
			TOTAL	\$ 824

☒ Please charge my Eastman Kodak Company Deposit Account No. **05-0225** in the amount of **\$ 824**

A duplicate copy of this sheet is enclosed

☒ The Commissioner is hereby authorized to charge any additional filing fees required under 37 CFR 1.16 or credit any overpayment to Eastman Kodak Company Deposit Account No. **05-0225**.

A duplicate copy of this sheet is enclosed.

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